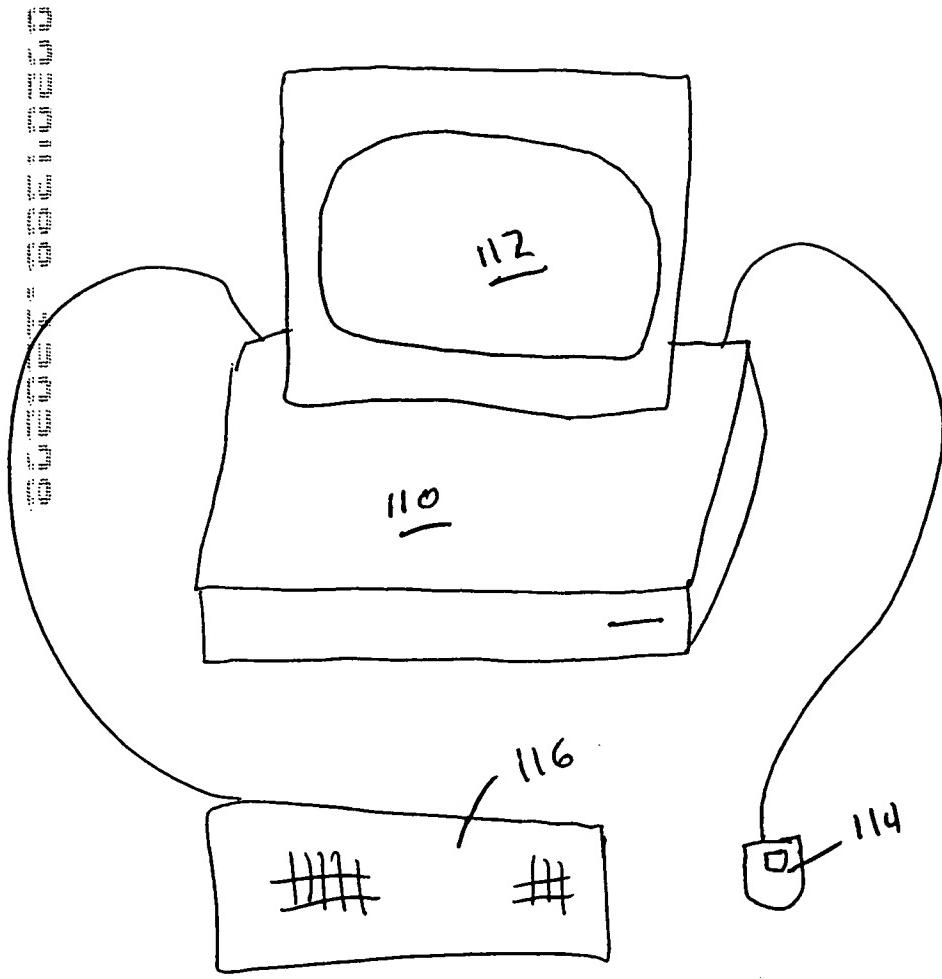


FIG 1



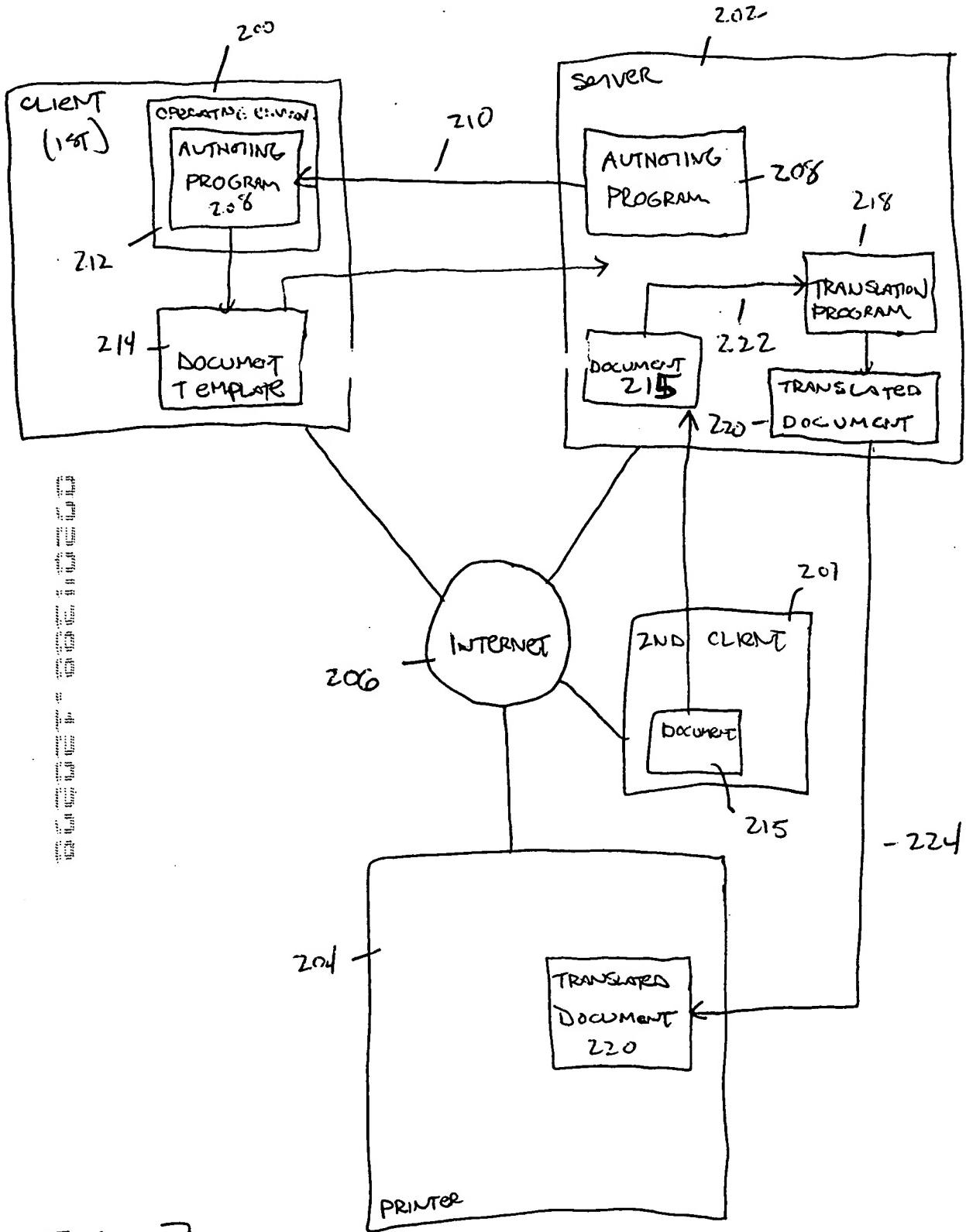
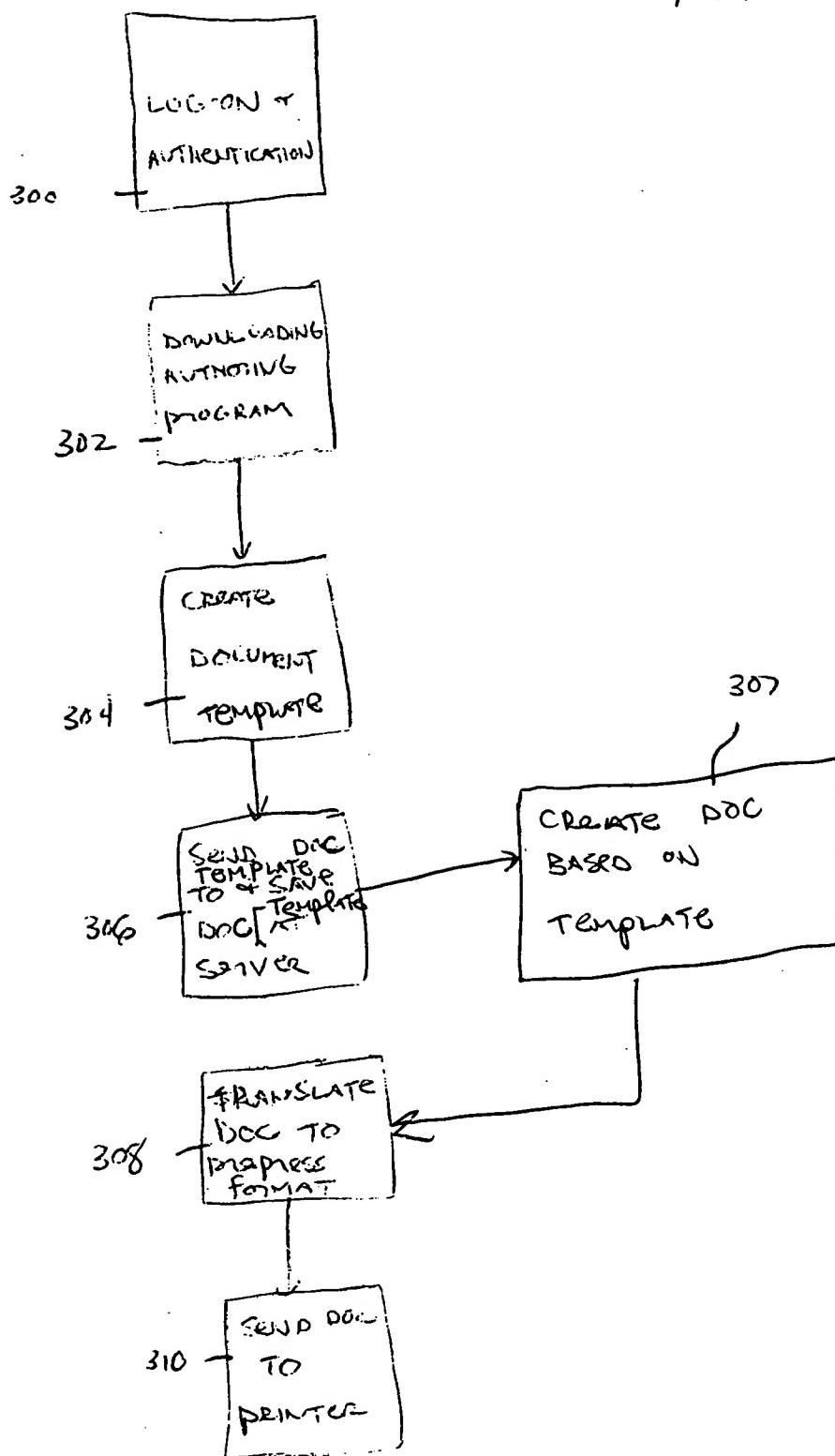
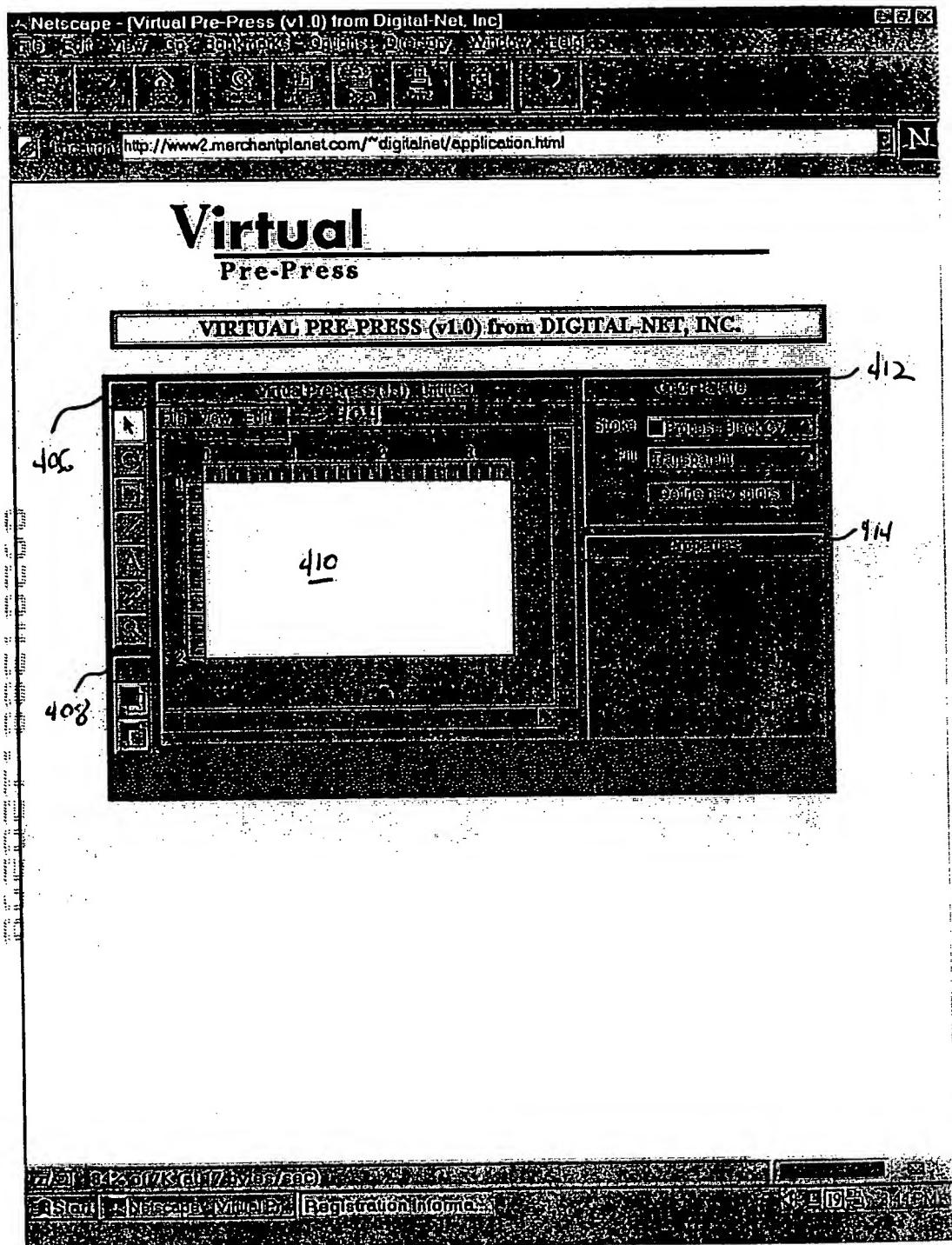


FIG 2

FIG 3





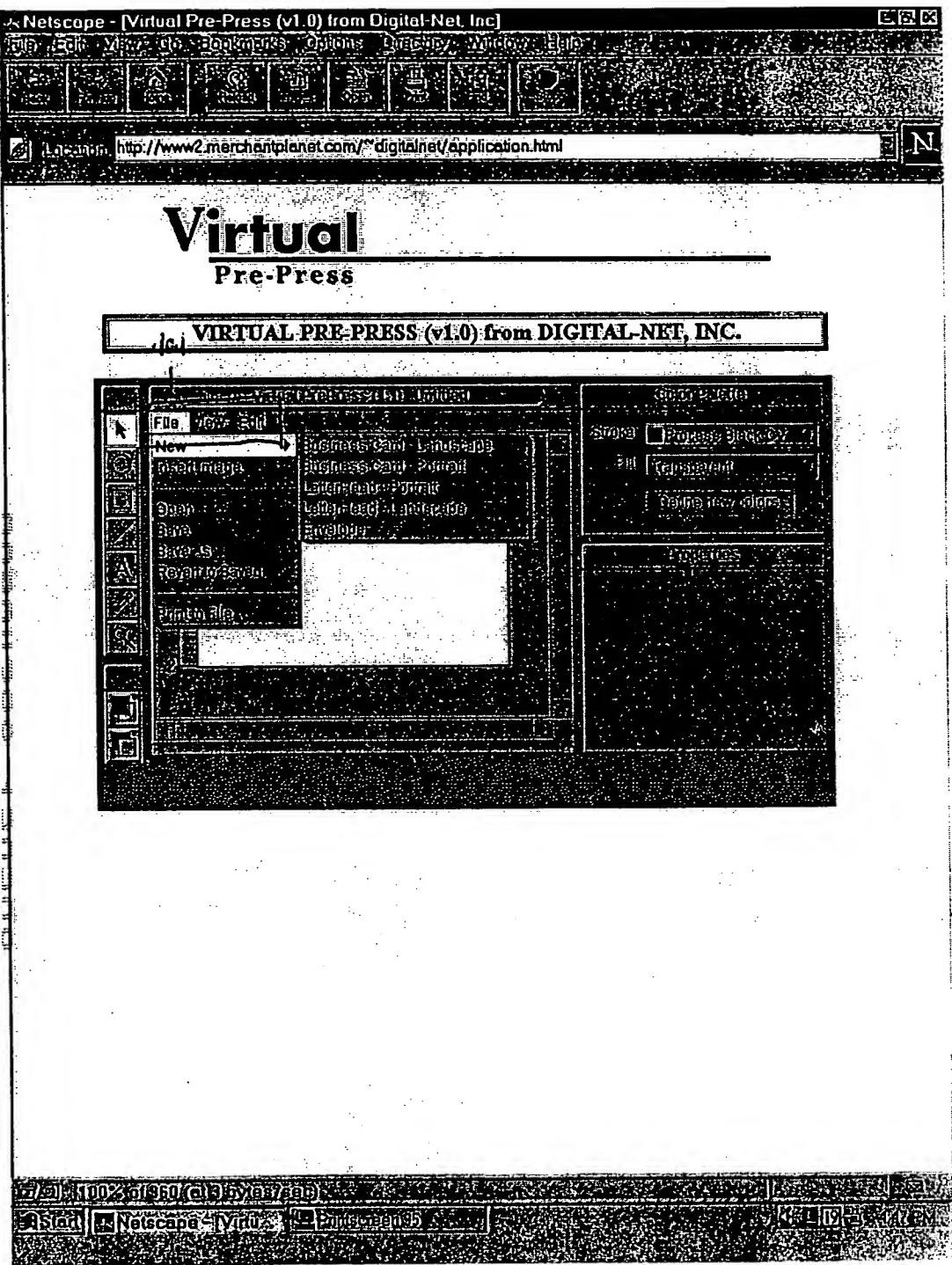


FIG 4b

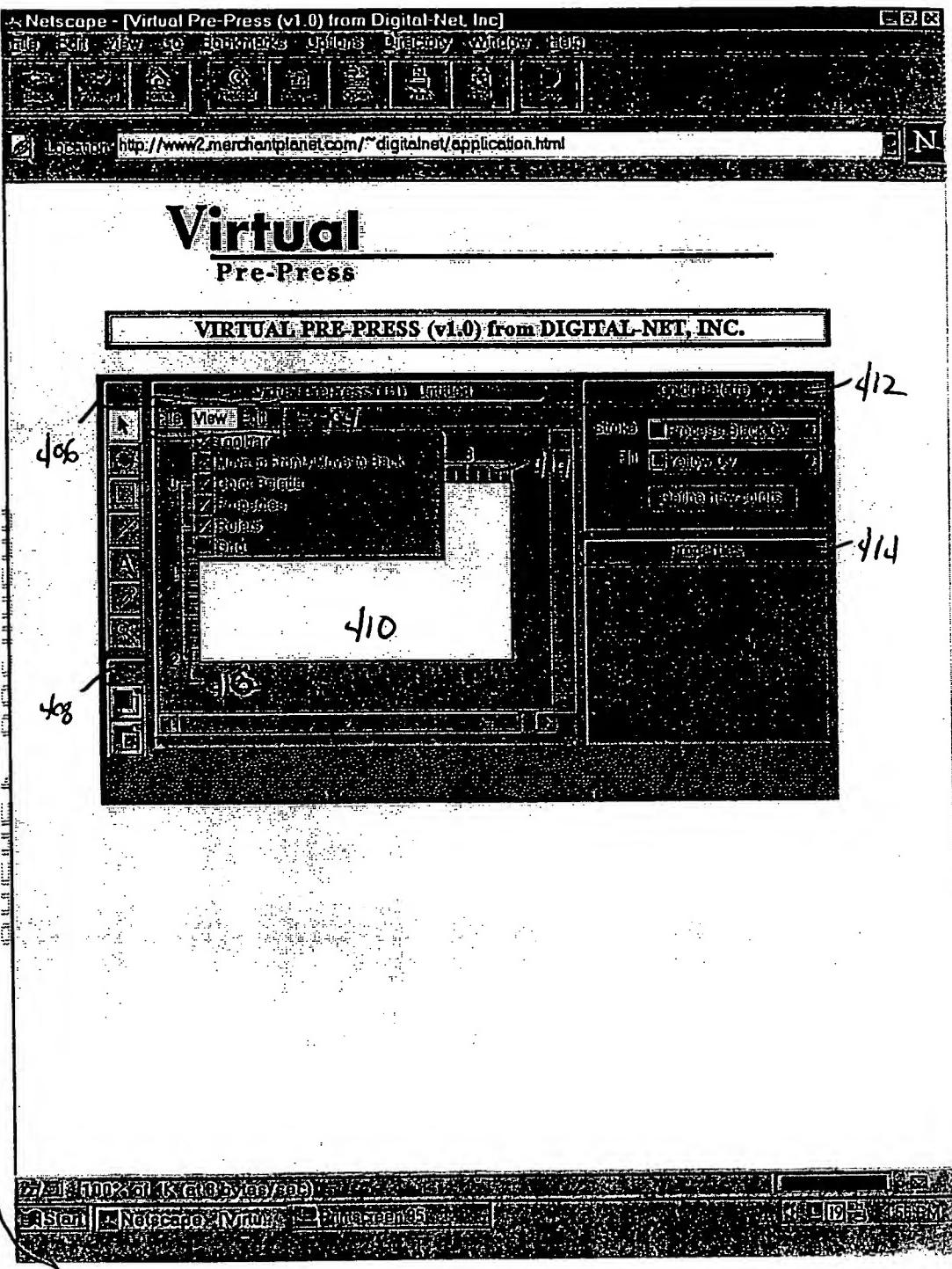


FIG 4c

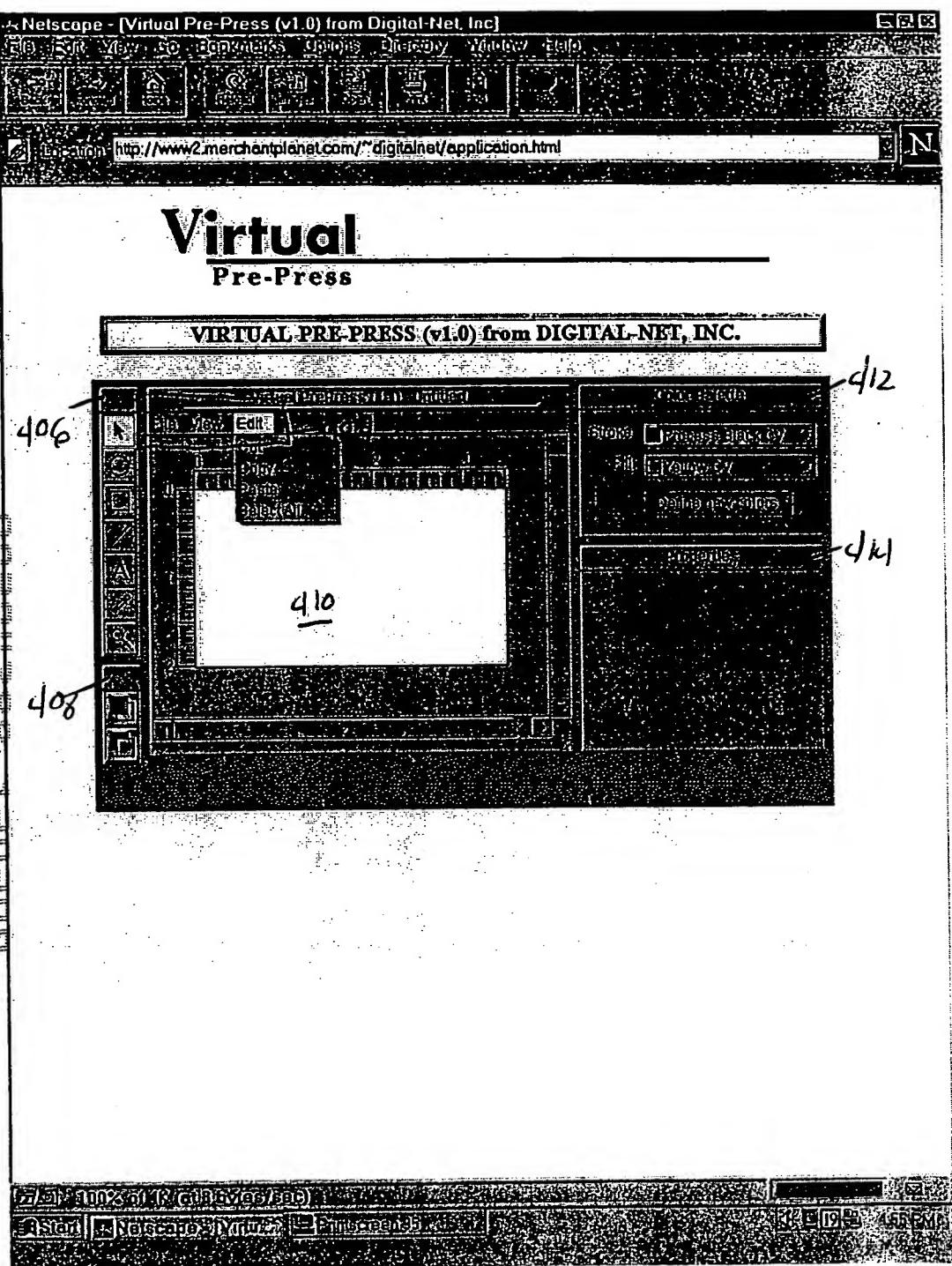


FIG 4d

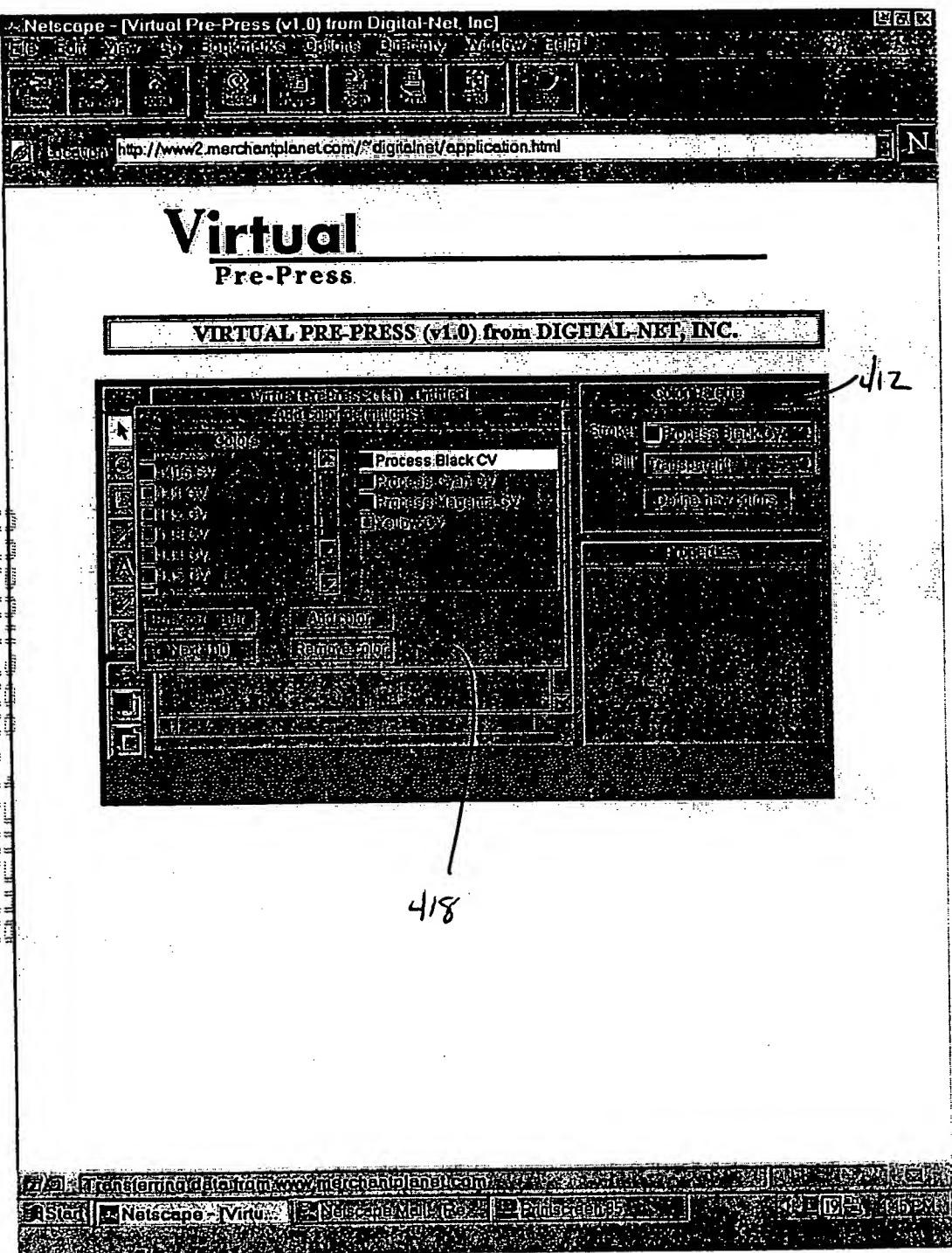


FIG Aa

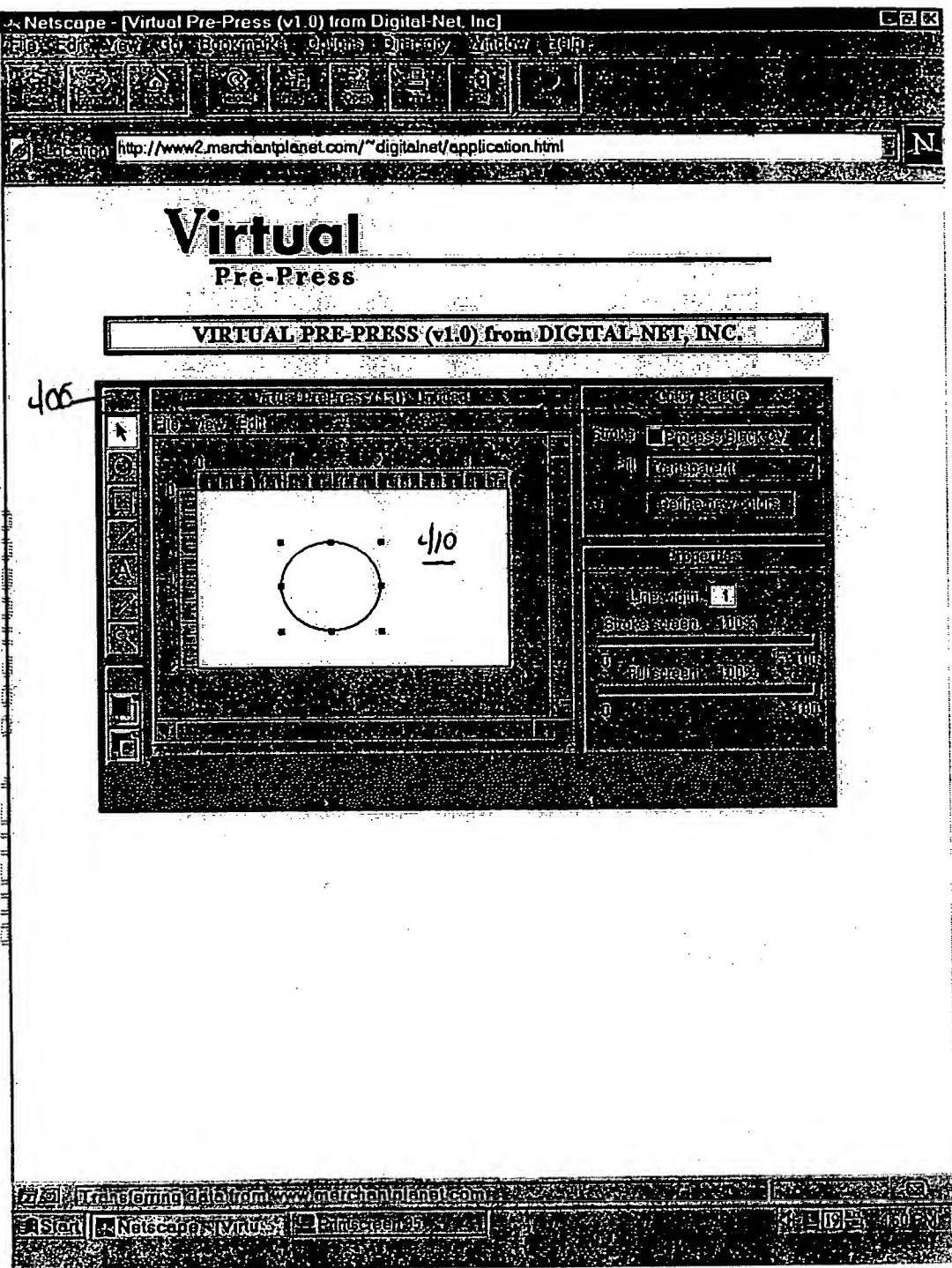


FIG A f

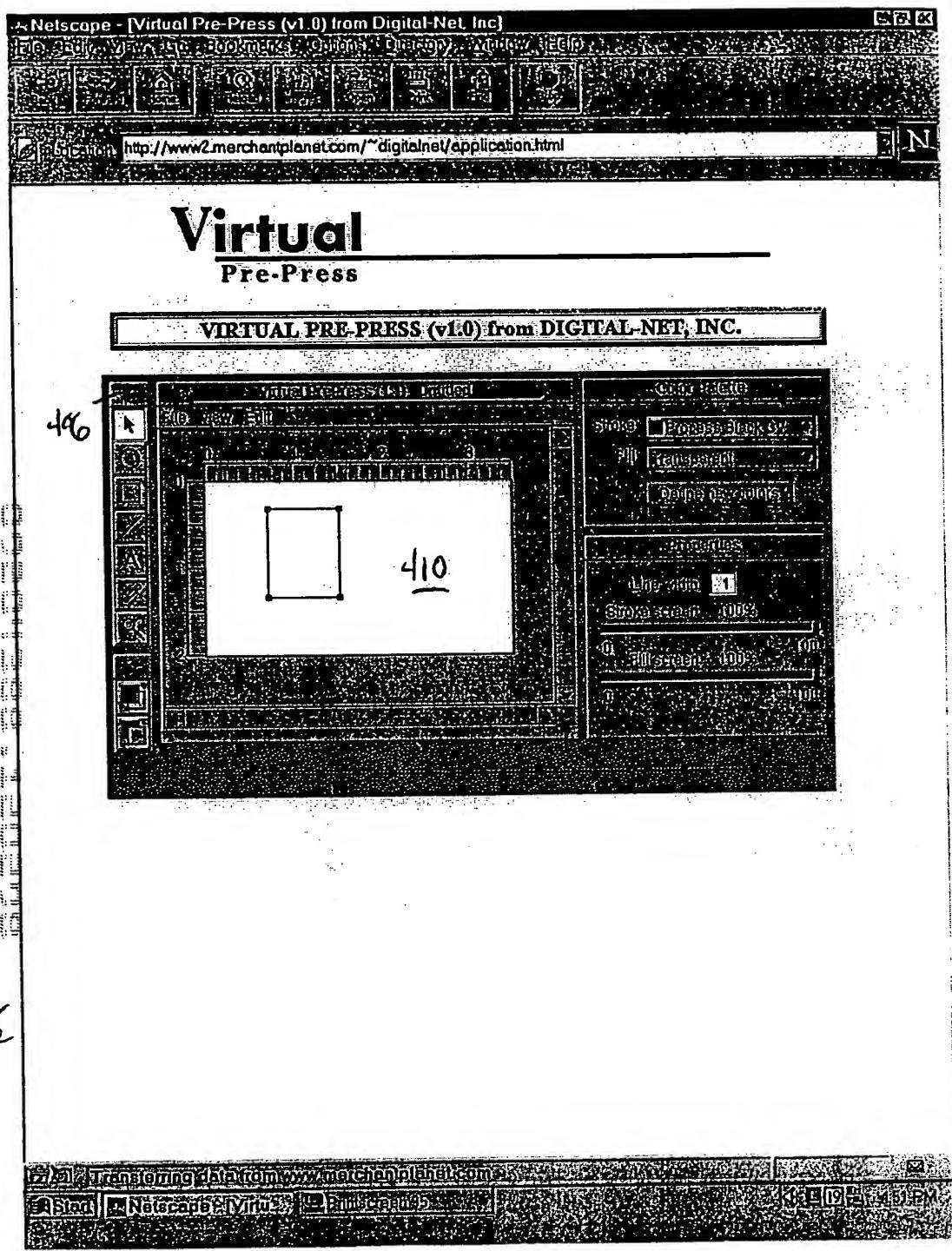


FIG 4g

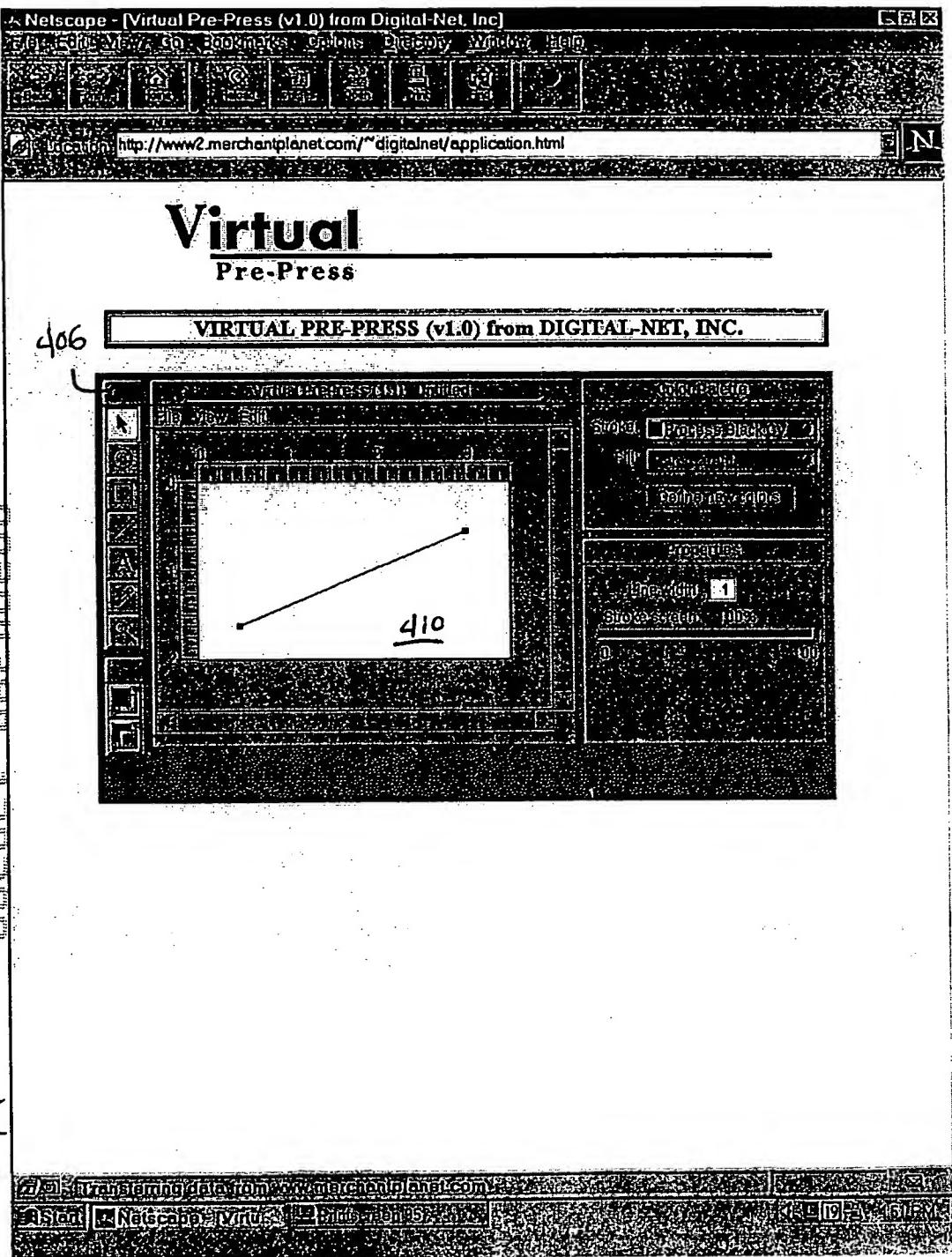


FIG 4h

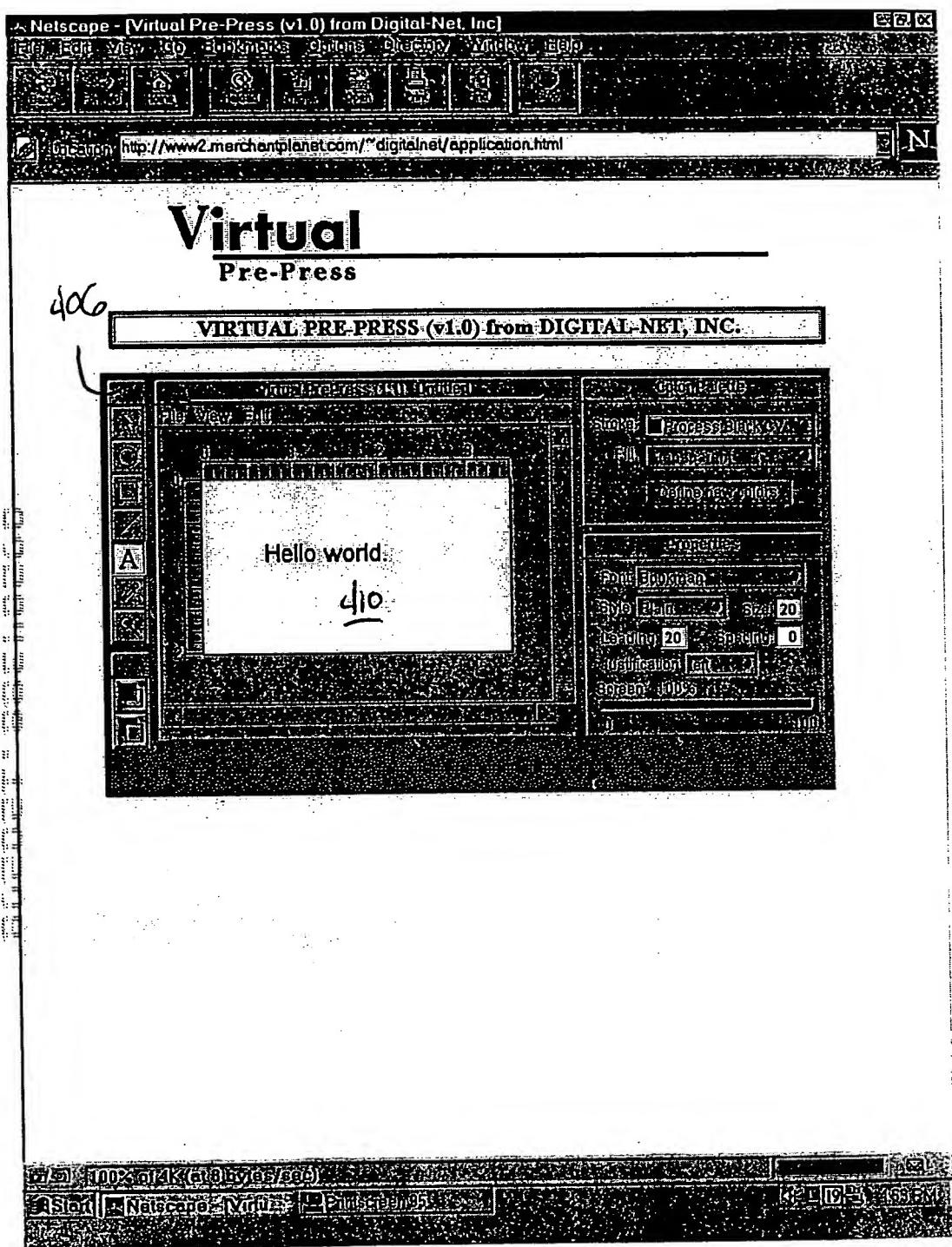


FIG 4:

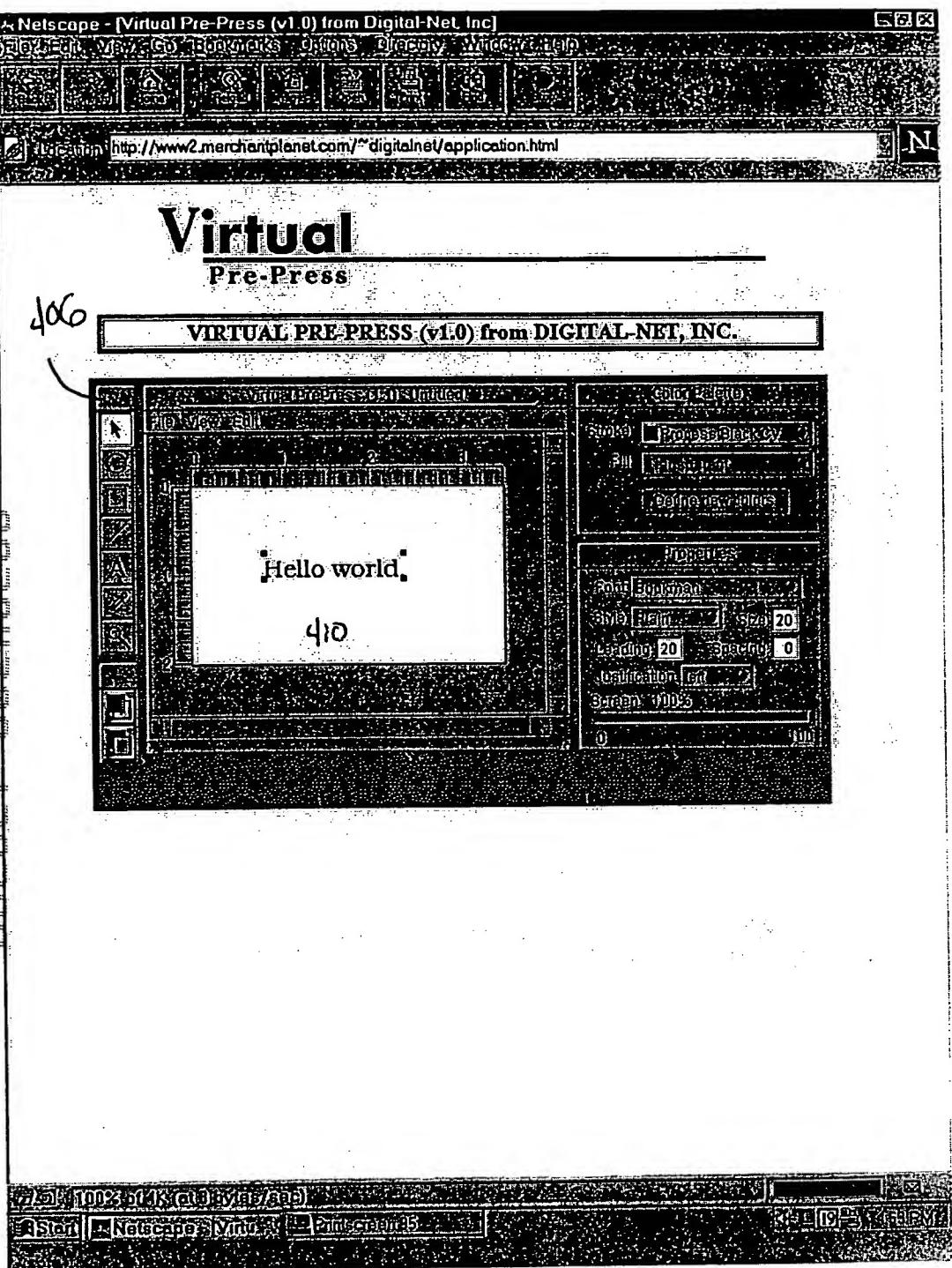


FIG 4j

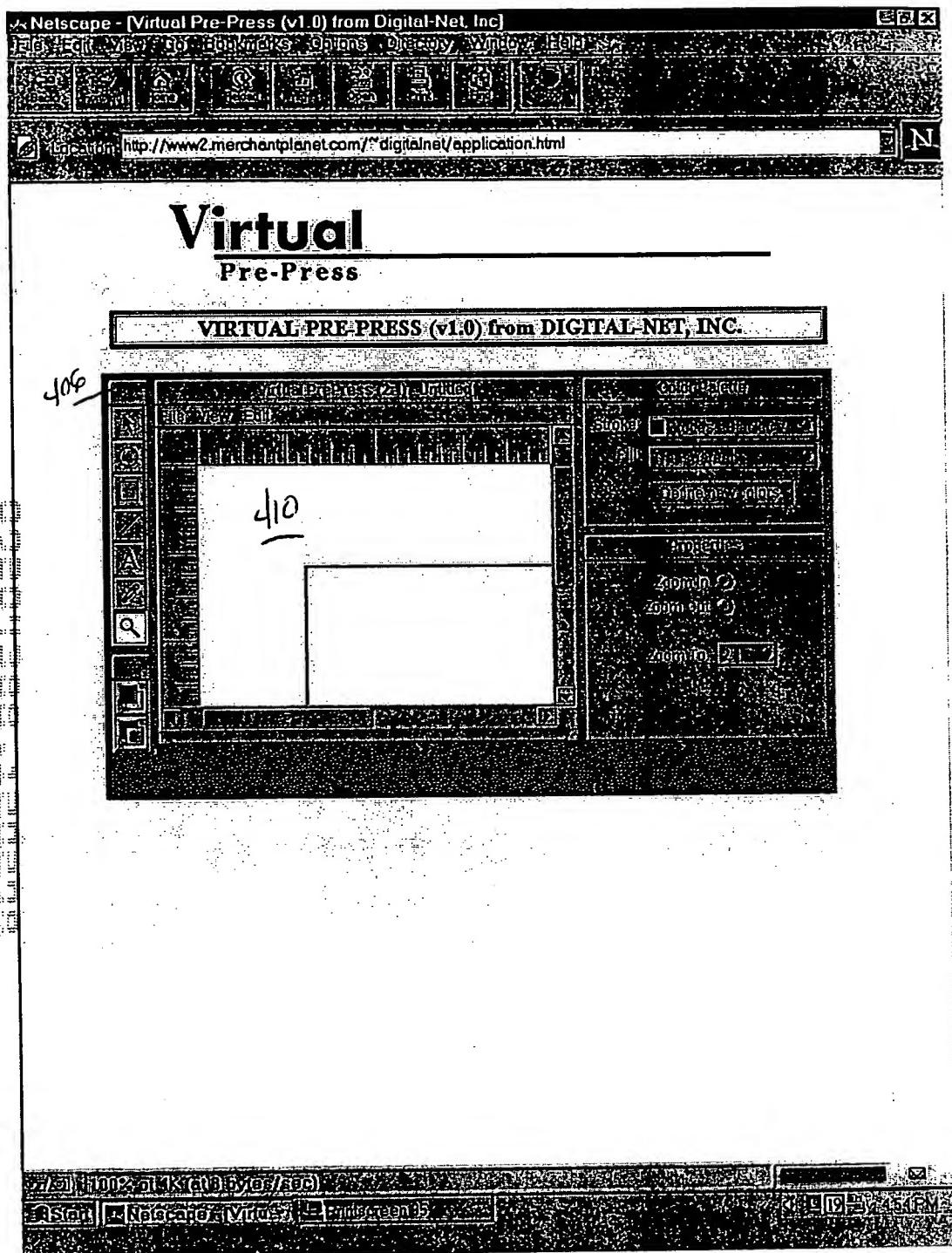


FIG 4k

1
400

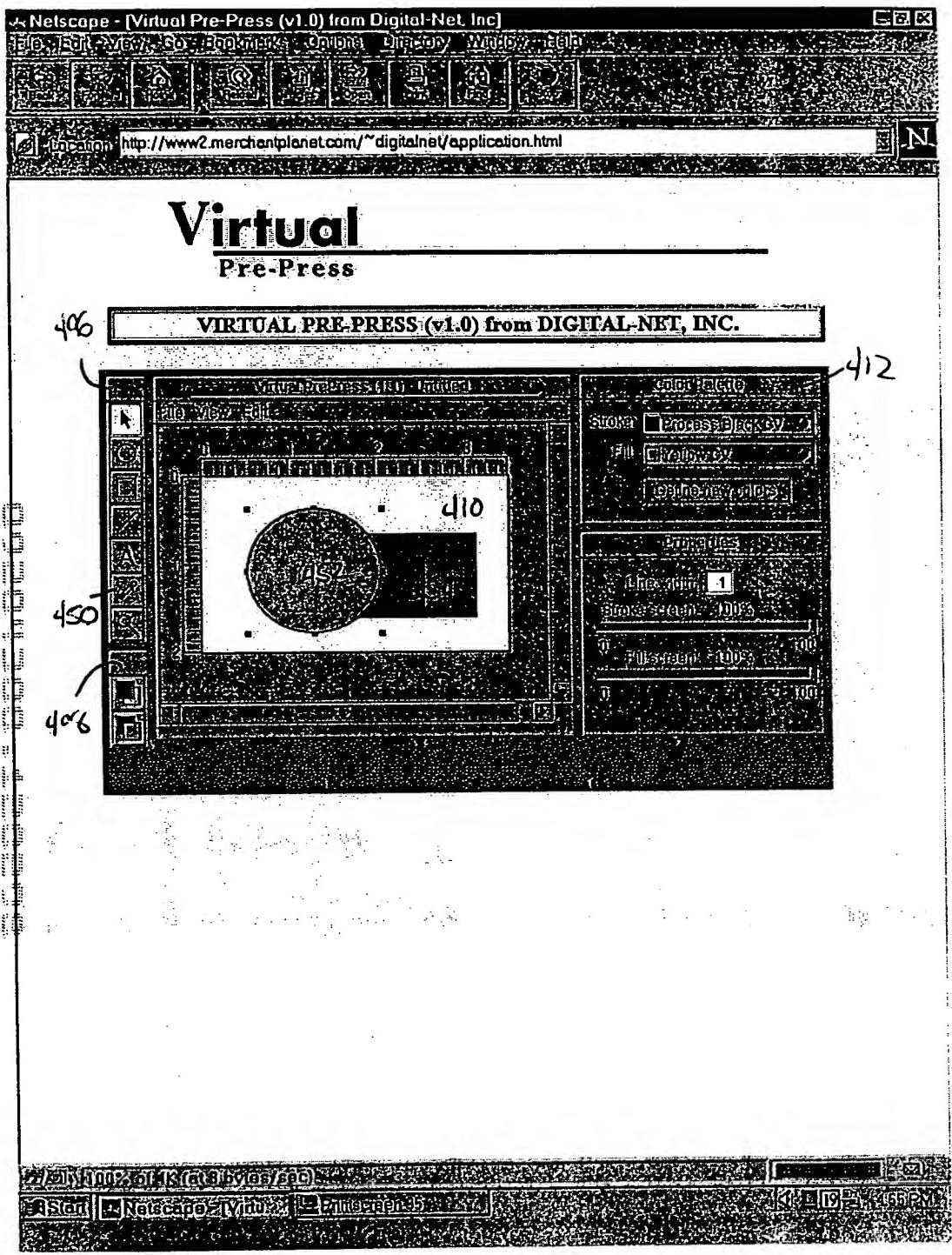


FIG 42

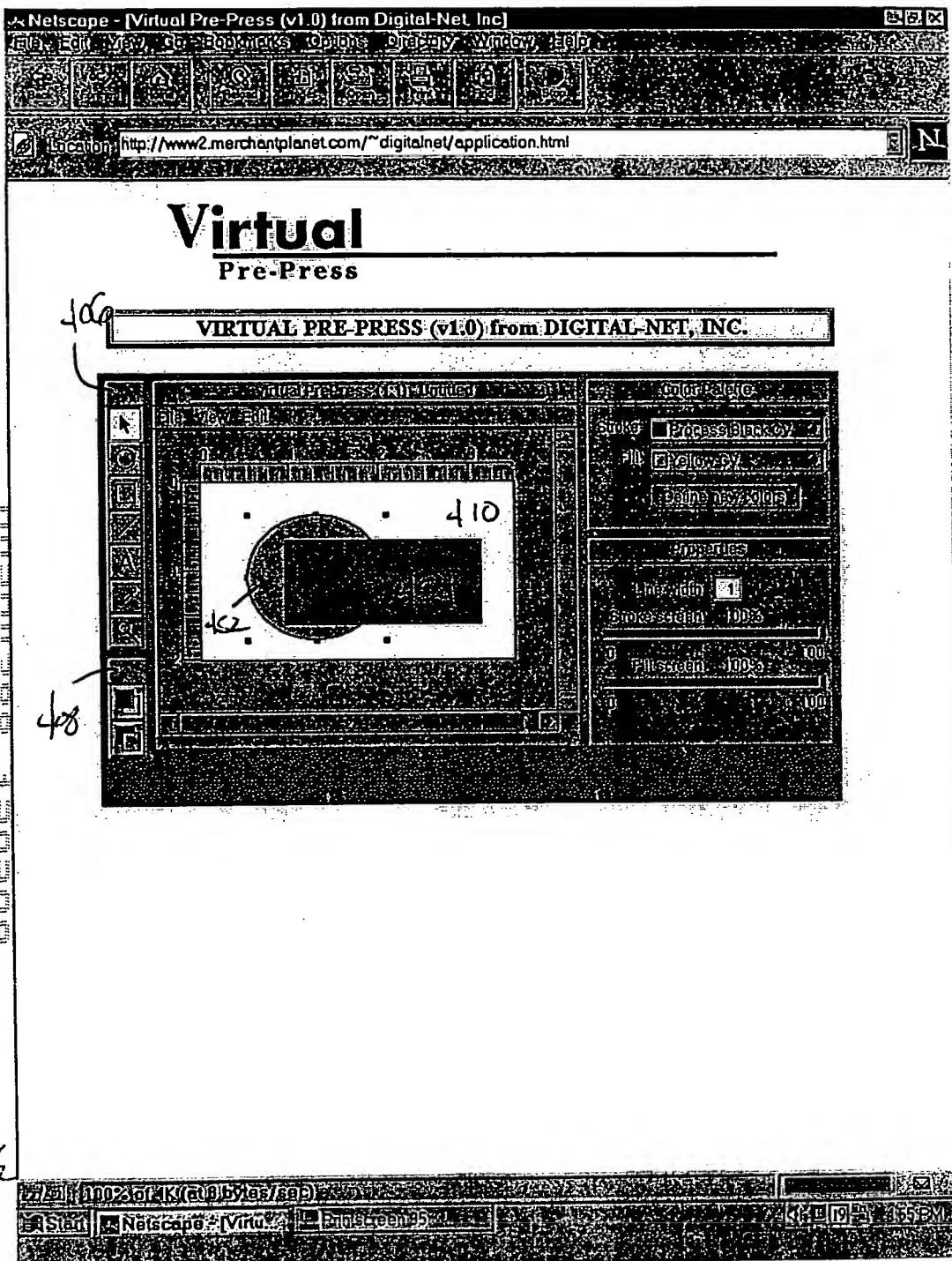


FIG 4m



GLOBAL INSURANCE COMPANY

Virtual Pre-Press Business Card Ordering System

(Click here for [Instructions](#))

GLOBAL INSURANCE COMPANY

FName MInitial LName

Title or Position

1234 Main Street, Suite 56
Anytown, MN 55000 USA

503

Tel (123) 456-7890

Fax (123) 456-0000

E-mail FNLName@globalins.com

3

Please Fill out the following form with information as you wish it to appear on your business card.

Leave fields blank that do not apply.

EMPLOYEE INFORMATION

First Name: → 509

Middle Initial: → 506

Last Name: → 508

Title or Position: → 510

CONTACT INFORMATION

1
502

→ 500

FIG 5a

Division/Dept.:

Address:

Suite/Number:
(optional)

City:

State:

Zip/Postal Code:

Email:
Email Format: finitial.last@globalins.com

Please Fill in your Telephone numbers. Leave fields blank that do not apply.

Name:	Number:
Telephone <input type="button" value="▼"/>	(<input type="text"/> <input type="text"/> - <input type="text"/> Ext: <input type="text"/>)
Fax <input type="button" value="▼"/>	(<input type="text"/> <input type="text"/> - <input type="text"/> Ext: <input type="text"/>)
-empty- <input type="button" value="▼"/>	(<input type="text"/> <input type="text"/> - <input type="text"/> Ext: <input type="text"/>)
-empty- <input type="button" value="▼"/>	(<input type="text"/> <input type="text"/> - <input type="text"/> Ext: <input type="text"/>)

FIG S6



GLOBAL INSURANCE COMPANY

Virtual Pre-Press Business Card Ordering System

(Click here for instructions)

532

530

4

GLOBAL INSURANCE COMPANY

Michael Johnson
National Sales Manager

2002 Sibley Avenue, Suite 100
Saint Paul, MN 55101 USA

Tel (123) 456-7890
Fax (123) 456-0000
E-mail mjohnson@globalins.com

Please review your card above. This preview above will be EXACTLY how your business cards will be printed. If there is a mistake correct the information in the form below and click on the "Preview" button to preview the card again. When you are satisfied with the information shown on the card GO TO THE BOTTOM OF THIS PAGE AND FILL IN YOUR ORDER AND DELIVERY INFORMATION then click on the "Submit Card Order" button.

EMPLOYEE INFORMATION

First Name:

Middle Initial:

Last Name:

Title or Position:

CONTACT INFORMATION

Division/Dept:

Address:

Suite/Number:
(optional)

City:

State:

Zip/Postal Code:

Email:
Email Format:

Please Fill in your Telephone numbers. Leave fields blank that do not apply.

534

534

502

-500

P6
50

Name:

Number:

Telephone

(123) 456-7890 Ext: []

Fax

(123) 456-0000 Ext: []

-empty-

() - Ext: []

-empty-

() - Ext: []

ORDER & SHIPPING INFORMATION

Number of Cards: 250

528

Type:

- Normal Inter-Office Delivery
- UPS 2nd Day Air
- UPS Next Day Air

Deliver to:

- Address on Business Cards.
- Alternative Address shown below.

First Name: []

Last Name: []

Address: []

Address: []

Suite/Number: []

City: []

State: []

Zip/Postal Code: []

VERIFICATION INFORMATION

Cost Center: []

Employee I.D.#: []

(Finish)

1502

FIG Sd

{ 500